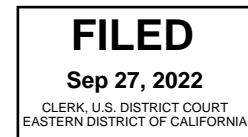


Thanh Quang / CDCR# AS-9722
 Name and Prisoner/Booking Number

CSP - California Medical Facility
 Place of Confinement

Po Box 2000
 Mailing Address

Vacaville, CA. 95696
 City, State, Zip Code



(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

(Full Name of Plaintiff) Thanh Quang,)
 Plaintiff,) 2:22-cv-1341 CKD (PC)
 v.) ~~2:22-cv-1703 KJN (PC)~~
 (Full Name of Defendant) (1) CSP - California Medical Facility,)
 (2)) (To be supplied by the Clerk)
 (3))
 (4))
 Defendant(s).)
 Check if there are additional Defendants and attach page 1-A listing them.)
Civil Rights Complaint By A Prisoner)
**CIVIL RIGHTS COMPLAINT
BY A PRISONER**
 Original Complaint
 First Amended Complaint
 Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

28 U.S.C. § 1333(a); 42 U.S.C. § 1983

28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

Other: _____.

2. Institution/city where violation occurred: CSP - CMF / Vacaville, CA.

B. DEFENDANTS

1. Name of first Defendant: _____ . The first Defendant is employed as:

(Position and Title) at _____
(Institution)
2. Name of second Defendant: _____ . The second Defendant is employed as:

(Position and Title) at _____
(Institution)
3. Name of third Defendant: _____ . The third Defendant is employed as:

(Position and Title) at _____
(Institution)
4. Name of fourth Defendant: _____ . The fourth Defendant is employed as:

(Position and Title) at _____
(Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? Yes No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: California Code of Regulation Title 15 - under Health Issues.

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

Basic necessities Mail Access to the court Medical care
 Disciplinary proceedings Property Exercise of religion Retaliation
 Excessive force by an officer Threat to safety Other: _____

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I'M NOT GETTING THE MEDICAL CARE
THAT I NEEDS. I'M A DIABETES.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

IT CAUSES ME TIME OF ANXIETY & might lead to dead or hypervaluation.

- ## **5. Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No

b. Did you submit a request for administrative relief on Claim I? Yes No

c. Did you appeal your request for relief on Claim I to the highest level? Yes No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

CLAIM II

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

Basic necessities Mail Access to the court Medical care
 Disciplinary proceedings Property Exercise of religion Retaliation
 Excessive force by an officer Threat to safety Other: _____

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

- ## **5. Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No

b. Did you submit a request for administrative relief on Claim II? Yes No

c. Did you appeal your request for relief on Claim II to the highest level? Yes No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

CLAIM III

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim III.** Identify the issue involved. Check only one. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
 - b. Did you submit a request for administrative relief on Claim III? Yes No
 - c. Did you appeal your request for relief on Claim III to the highest level? Yes No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

COMPENSATION in MONEY VALUE.
& MEDICAL CARE (PROPERTY)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/27/2022
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

CIVIL COVER SHEET (E-FILING FROM CDCR ONLY)

This civil cover sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized by the Standing Order signed by the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission Of Prisoner Litigation Filed By Plaintiffs Incarcerated at Participating Institutions", and approved by the Clerk of the Court. This civil cover sheet is required on all cases filed by Plaintiffs housed at institutions participating under the e-filing program pursuant to the Standing Order and necessary for the purpose of initiating the civil case.

I. PLAINTIFF <small>(to be Completed by Plaintiff)</small> THANH QUANG CCR# AS9722  1600 CALIFORNIA DR. YACAVILLE, CA 95696	II. DEFENDANT(S) <small>(to be Completed by Plaintiff)</small> CALIFORNIA MEDICAL FACILITY
III. INSTITUTION BEING E-FILED FROM <small>(To be Completed by CDCR Staff Member)</small> CDCR Institution Abbreviation Code <u>C-M.F.</u>	
IV. SENDER INFORMATION <small>(to be Completed by CDCR Staff Member)</small> SENDER: <u>C.D.Pi</u> <small>(Please SIGN Name)</small>  <small>(Please PRINT Name)</small> DATE SCANNED & EMAILED: <u>9/27/22</u>	
V. IF CIVIL COMPLAINT CANNOT BE E-FILED ONLY <small>(to be Completed by CDCR Staff Member)</small> <input type="checkbox"/> <i>This civil complaint, and other initial filing documents authorized by the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission Of Prisoner Litigation Filed By Plaintiffs Incarcerated at Participating Institutions" is authorized to be filed through the U.S. mail and accepted by the Clerk of the Court without the need to be electronically filed because the digital sender/scanner was down for more than 48 hours. See Standing Order at ¶ 2.</i>	
DATED: _____ <small>(Please SIGN Name)</small>  <small>(Please PRINT Name)</small>  Institution Abbreviation Code: _____	

See Reverse Side for "Instructions To Plaintiffs Participating In E-Filing Program At Participating CDCR Facilities"